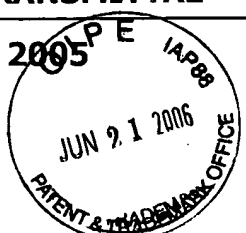
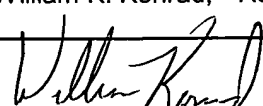


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|--|--------------------|------------------------|---------|
| FEE TRANSMITTAL for FY 2005  | Application Number | 10/733,983 | |
| | Filing Date | December 10, 2003 | |
| | Inventor | I. A. PANCHAM et al. | |
| | Group Art Unit | 2821 | |
| | Examiner Name | Jimmy T. Vu | |
| Total Amount of Payment: \$ 950.00 | | Attorney Docket Number | 4486C01 |

| | |
|--|--|
| METHOD OF PAYMENT (check one) 1. <input type="checkbox"/> The Commissioner is hereby authorized to charge the indicated fees and/or credit any overpayments to Deposit Account Number: 50-0585 <input checked="" type="checkbox"/> Charge any additional fee required under 37 CFR 1.16 and 1.17, including all required extension of time fees. <input checked="" type="checkbox"/> Charge any deficiency or credit any overpayment 2. <input checked="" type="checkbox"/> Payment enclosed: <input checked="" type="checkbox"/> Ck. No. _____ for \$500 <input checked="" type="checkbox"/> Ck. No. _____ for \$450 <input type="checkbox"/> Credit Card Approval for _____ FEE CALCULATION 1. <input type="checkbox"/> BASIC FILING FEE Utility Filing Fee: Large Entity Fee Code 1011 \$300.00 2. <input type="checkbox"/> UTILITY SEARCH FEE \$500.00 3. <input type="checkbox"/> UTILITY EXAMINATION FEE \$200.00 4. <input type="checkbox"/> EXTRA CLAIMS FEES Total Claims ____ - 20* x \$50= \$_____ Ind. Claims ____ - 3* x \$200= \$_____ Multiple Dependent <u>0</u> x \$360= \$0_____ Subtotal \$_____ *(or number previously paid for) | FEE CALCULATION (continued) 3. ADDITIONAL FEES (large entity) <input type="checkbox"/> Surcharge- late filing fee or oath \$130 <input type="checkbox"/> Surcharge- late provisional filing fee or cover sheet \$50 <input type="checkbox"/> Non-English specification \$130 <input type="checkbox"/> International type search report \$40 <input type="checkbox"/> Requesting publication of SIR prior to action \$920 <input type="checkbox"/> Requesting publication of SIR after action \$1840 <input type="checkbox"/> Extension for reply- first month \$120 <input checked="" type="checkbox"/> Extension for reply- second month \$450 <input type="checkbox"/> Extension for reply- third month \$1020 <input type="checkbox"/> Extension for reply- fourth month \$1590 <input type="checkbox"/> Extension for reply- fifth month \$2160 <input checked="" type="checkbox"/> Notice of Appeal \$500 <input type="checkbox"/> Brief in Support of Appeal \$500 <input type="checkbox"/> Request for Oral Hearing \$1000 <input type="checkbox"/> Utility issue fee \$1400 <input type="checkbox"/> Petition to revive (unavoidable) \$500 <input type="checkbox"/> Petition to revive (unintentional) \$1500 <input type="checkbox"/> Petitions to the Commissioner \$130 <input type="checkbox"/> Petitions related to provisional applications \$50 <input type="checkbox"/> Submission of Information Disclosure Statement \$180 <input type="checkbox"/> Recordation of Assignment \$40 <input type="checkbox"/> Submission after final (37 CFR 1.129(a)) \$790 <input type="checkbox"/> Request for Continued Examination (RCE) \$790 <input type="checkbox"/> Other: SUBTOTAL \$ 950.00 |
|--|--|

Submitted by:

| | | |
|--------------------------|---|------------------------------|
| Firm or Individual Name: | William K. Konrad; Registration No. 28,868 | Customer No. 24033 |
| Signature: |  | |
| Date: June 19, 2006 | Telephone: (310) 553-7970 | |

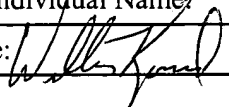
AP/2FW

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| TRANSMITTAL FORM | Application Number | 10/733,983 |
| (To be used for all correspondence after initial filing) | Filing Date | December 10, 2003 |
| | Inventor | I. A. PANCHAM et al. |
| | Group Art Unit | 2821 |
| | Examiner Name | Jimmy T. Vu |
| Total Number of Pages in this Submission: 5 | Attorney Docket Number | 4486C01 |

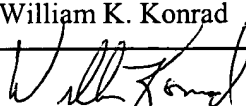
ENCLOSURES (check all that apply)

| | | |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits /Declarations <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement; ___ references <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an application) <input type="checkbox"/> Formal Drawings: ___ sheets <input type="checkbox"/> Licensing-related papers <input type="checkbox"/> Petition: _____ <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, and/or Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ___ <input type="checkbox"/> After Allowance Communication to Group | <input type="checkbox"/> Certificate of Correction of Applicant's Mistake (37 CFR 1.323) <input type="checkbox"/> Certificate of Correction of Office Mistake (37 CFR 1.322) <input checked="" type="checkbox"/> Appeal Communication to Group (<i>Appeal Notice, Brief, Reply Brief</i>) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Fee Address Indication Form <input checked="" type="checkbox"/> Other Enclosure(s) (<i>please identify below</i>) 2 checks |
|---|---|---|

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|--|---|
| Firm or Individual Name: | William K. Konrad, Registration No. 28,868 |
| Signature:  | |
| Date: | June 19, 2006 |
| KONRAD RAYNES & VICTOR, LLP 315 South Beverly Drive, Suite 210 Beverly Hills, California 310-556-7983 | The Commissioner is authorized to charge to Deposit Account No. 50-0585 any additional fee required under 37 CFR 1.16 and 1.17, including all required extension of time fees, and charge any other deficiency or credit any overpayment to this deposit account. |

CERTIFICATE OF MAILING OR TRANSMISSION

| | | |
|---|---|------------------------------|
| I hereby certify that this Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Commissioner for Patents, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO, on the date indicated below. | | |
| Typed or Printed name: | William K. Konrad | Customer No. 24033 |
| Signature: |  | |
| Date: | June 19, 2006 | |